

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

04

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 3 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 3 | 3 | 1 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2006 | | 331338.52 |
| (b) Cash on Hand at Beginning of Reporting Period | 466313.09 | |
| (c) Total Receipts (from Line 19) | 36746.55 | 199793.03 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 503059.64 | 531131.55 |
| 7. Total Disbursements (from Line 31) | 51174.33 | 79246.24 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 451885.31 | 451885.31 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 30816.68 | 167134.84 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 4940.51 | 30341.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 35757.19 | 197476.09 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤ | 35757.19 | 197476.09 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 989.36 | 2316.94 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 36746.55 | 199793.03 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 36746.55 | 199793.03 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 1773.00 | 1773.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 1773.00 | 1773.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 48500.00 | 75000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 901.33 | 2473.24 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 51174.33 | 79246.24 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 51174.33 | 79246.24 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 35757.19 | 197476.09 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 35757.19 | 197476.09 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1773.00 | 1773.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1773.00 | 1773.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Smita Parikh
 Mailing Address 2300 Leland Ridge Walk

City State Zip Code
 Saint Louis MO 63131-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scott Radiological Group

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13288163

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
 DR H Jay Zeskind
 Mailing Address 4870 Park Hill Dr

City State Zip Code
 West Bloomfield MI 48323-3574

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Diagnostic Radiology Cons-
 ultants, PC

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13287123

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
 DR Maria Brooks
 Mailing Address 9643 White Spruce Dr

City State Zip Code
 Lakeland TN 38002-3985

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Memphis Radiological, P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13287127

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Brent Wagner

Mailing Address PO Box 16052

City State Zip Code
 Reading PA 19612-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13288162

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Douglas May

Mailing Address 467 Maple Ln

City State Zip Code
 Danville VA 24541-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danville Radiologist Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13287483

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Steven Urbanski

Mailing Address 71 Waterside Ln

City State Zip Code
 West Hartford CT 06107-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson X-Ray Group, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13287484

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR H David Clifton

Mailing Address 9 Swallow Ln

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Wichita | KS | 67230-6619 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Dole VA Hospital
& CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: 13287126

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

DR Russell Harvey

Mailing Address 2736 SW MacVicar Ave

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Topeka | KS | 66611-1703 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
RNMOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: 13287129

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR John Campbell

Mailing Address 1416 Watersedge Dr

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Virginia Beach | VA | 23452-6222 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.34

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 6 |

Transaction ID: 13360336

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

1416.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Adam Specht
 Mailing Address 4608 Lauderdale Ave Apt A

City State Zip Code
 Virginia Beach VA 23455-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.09

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360397

Amount of Each Receipt this Period

70.83

B. Full Name (Last, First, Middle Initial)
 DR Yoonah Kim
 Mailing Address 917 Kings Cross

City State Zip Code
 Virginia Beach VA 23452-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.09

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360338

Amount of Each Receipt this Period

83.33

C. Full Name (Last, First, Middle Initial)
 DR Desencia Thomas
 Mailing Address 600 Sabal Palm Ln Apt 307

City State Zip Code
 Chesapeake VA 23320-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.34

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360398

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

220.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Keith Crow

Mailing Address 20002 Messina

City State Zip Code
 San Antonio TX 78258-3180

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360490

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DR Alvin Thaggard, III

Mailing Address 104 Cross Ln

City State Zip Code
 San Antonio TX 78209-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360538

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DR Kirstin Fiona Davis

Mailing Address 1005 Caton Dr

City State Zip Code
 Virginia Beach VA 23454-3162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.95

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360337

Amount of Each Receipt this Period

70.83

SUBTOTAL of Receipts This Page (optional)

2070.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR David Golden

Mailing Address 411 Happy Trail

City State Zip Code
 San Antonio TX 78231-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360491

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Carl Hardin

Mailing Address South Texas Radiology Group
 8401 Datapoint Dr Ste 600

City State Zip Code
 San Antonio TX 78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360493

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Mark Healy

Mailing Address 207 Blackjack Oak

City State Zip Code
 San Antonio TX 78230-5617

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360494

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joseph P. Miller

Mailing Address South Texas Radiology Group
7950 Floyd Curl Dr Ste SL1-21

City State Zip Code
San Antonio TX 78229-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360495

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

B. DR John Stoll

Mailing Address 110 Cherokee Ln

City State Zip Code
San Antonio TX 78232-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
South TX Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360537

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Kip Kang-L Park

Mailing Address Medical Center Radiologists, Inc
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.63

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: 13360395

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

1400.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Mazza

Mailing Address 1102 Lariat Loop Apt 201

City State Zip Code
 Ann Arbor MI 48108-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCP Hahnemann Univ Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Luis Maas, III

Mailing Address 11156 Whispering Heights Ln

City State Zip Code
 San Diego CA 92121-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407153

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR James Jacobsen

Mailing Address 4712 Pescadero Ave

City State Zip Code
 San Diego CA 92107-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407148

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

| | | |
|---|--------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) DR Joseph Luna | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address X-Ray Medical Group Inc 7777 Alvarado Rd Ste 108 | | Transaction ID: 13407152 Amount of Each Receipt this Period 1000.00 |
| City La Mesa | State CA | |
| Zip Code 91941-3645 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer X-Ray Medical Group, Inc. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) DR Mary Grebenc | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address X-Ray Medical Group, Inc. 7777 Alvarado Rd Ste 108 | | Transaction ID: 13407147 Amount of Each Receipt this Period 1000.00 |
| City La Mesa | State CA | |
| Zip Code 91941-3645 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer X-Ray Medical Group, Inc. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) DR Tere Trout | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address X-Ray Medical Group, Inc. 7777 Alvarado Rd Ste 108 | | Transaction ID: 13407155 Amount of Each Receipt this Period 1000.00 |
| City La Mesa | State CA | |
| Zip Code 91941-3645 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer X-Ray Medical Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Thomas Brannigan

Mailing Address X-Ray Medical Group
7777 Alvarado Rd Ste 108

City State Zip Code
La Mesa CA 91941-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407145

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Peter Yang

Mailing Address X-Ray Medical Group, Inc.
7777 Alvarado Rd Ste 108

City State Zip Code
La Mesa CA 91941-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407156

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Brian Moore

Mailing Address X-Ray Medical Group Inc
7777 Alvarado Rd Ste 108

City State Zip Code
La Mesa CA 91941-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407157

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Harry Ellison

Mailing Address 1809 Altonano Dr

City State Zip Code
 El Cajon CA 92020-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407146

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Thomas Kilcheski

Mailing Address 1240 Vista Sierra Dr

City State Zip Code
 El Cajon CA 92019-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407149

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Stanley Rapoport

Mailing Address X-Ray Medical Group, Inc.
 7777 Alvarado Rd Ste 108

City State Zip Code
 La Mesa CA 91941-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Medical Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 13407154

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Duszak, JRMailing Address West Reading Radiology Assoc
PO Box 16052City State Zip Code
Reading PA 19612-6052FEC ID number of contributing
federal political committee.**C**Name of Employer
West Reading Radiology As-
sociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 7 | | 2 | 0 | 0 | 6 |

Transaction ID: 13483198

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Gerald Roth

Mailing Address 2633 Basil Ln

City State Zip Code
Los Angeles CA 90077-2005FEC ID number of contributing
federal political committee.**C**Name of Employer
Tower ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 7 | | 2 | 0 | 0 | 6 |

Transaction ID: 13482953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Patricia Delzell

Mailing Address 1120 W Bennett Ct

City State Zip Code
Dunlap IL 61525-9354FEC ID number of contributing
federal political committee.**C**Name of Employer
Independent Imaging of Cen-
tral IllinoisOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 7 | | 2 | 0 | 0 | 6 |

Transaction ID: 13483200

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR W Phil Evans, III

Mailing Address UT Southwestern Medical Ctr
5323 Harry Hines Blvd

City State Zip Code
Dallas TX 75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of TX Southwestern
Medical Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 6

Transaction ID: 13483201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Carol Rumack

Mailing Address UCD-HSC
4200 E 9th Ave C293

City State Zip Code
Denver CO 80262-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Colorado School
of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 6

Transaction ID: 13483199

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DR Robert Harris

Mailing Address 35 Goodfellow Rd

City State Zip Code
Hanover NH 03755-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth-Hitchcock Med
Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 13533025

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Salil Parikh
Mailing Address 9477 Johnson Rd Ext

City State Zip Code
Germantown TN 38139-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Ocala

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 13533082

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Kevin Quinn
Mailing Address 69 McAfee Farm Rd

City State Zip Code
Bedford NH 03110-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer
SNHRC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 13535546

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Irena Tocino
Mailing Address 24 Wakefield Rd

City State Zip Code
Branford CT 06405-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University School of
Med

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 13535549

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste ACity State Zip Code
Alexandria LA 71301-3606FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 13590793

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City State Zip Code
Birmingham AL 35242-7402FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 13590507

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR David Marcantonio

Mailing Address Georgia West Imaging
119 Maple St Ste 205City State Zip Code
Carrollton GA 30117-3259FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia West ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 13590001

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

258.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 13589996

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 13590005

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DR P Shekar

Mailing Address 1087 Blackwolf Ct

City State Zip Code
Fairview Heights IL 62208-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 13686824

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR William Thorwarth, JR

Mailing Address Catawba Radiological Assoc
PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 13686821

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

30816.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City State Zip Code
 Philadelphia PA 19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2316.94

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 13911397

Amount of Each Receipt this Period

989.36

Interest

SUBTOTAL of Receipts This Page (optional)

989.36

TOTAL This Period (last page this line number only)

989.36

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 33

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Federal Taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13454464

Date of Disbursement

MM / DD / YY
03 / 15 / 2006

Amount of Each Disbursement this Period

1773.00

Federal Taxes

SUBTOTAL of Disbursements This Page (optional)

1773.00

TOTAL This Period (last page this line number only)

1773.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 / 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Nathan Deal For Congress

Mailing Address PO Box 902

City
GainesvilleState
GAZip Code
30503

Purpose of Disbursement

Candidate Name
Rep. Nathan DealOffice Sought: ☒ House
☐ Senate
☐ President

State: GA District: 10

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13454278

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 1 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hulshof For Congress - District 09 Missouri

Mailing Address PO Box 1621

City
ColumbiaState
MOZip Code
65205

Purpose of Disbursement

Candidate Name
Rep. Kenny C. HulshofOffice Sought: ☒ House
☐ Senate
☐ President

State: MO District: 9

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13454276

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 1 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
CharlotteState
NCZip Code
28237

Purpose of Disbursement

Candidate Name
Rep. Sue Wilkins MyrickOffice Sought: ☒ House
☐ Senate
☐ President

State: NC District: 9

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13454279

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 2 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address Box 586

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name
Max Baucus

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: 13454282

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Bilbray For Congress

Mailing Address 2466 Unicornio St

City
Carlsbad

State
CA

Zip Code
92009

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Brian Bilbray

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: 13454280

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2451 Cumberland Parkway Suite 326

City
Atlanta

State
GA

Zip Code
30339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13454284

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 13454286

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Janice D. Schakowsky

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 9

Transaction ID: 13454285

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Prosperity Helps Inspire Liberty Political Action

Mailing Address PO Box 26366

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13454252

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City
Raleigh

State
NC

Zip Code
27602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Elizabeth Dole

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 1

Transaction ID: 13454287

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Johnson For Congress Committee

Mailing Address P. O. Box 1986

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Nancy L. Johnson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 5

Transaction ID: 13454288

Date of Disbursement

03 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Weldon

Mailing Address PO Box 968

City
Melbourne

State
FL

Zip Code
32902

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dave Weldon, M.D.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 15

Transaction ID: 13454289

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric I. Cantor

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 7

Transaction ID: 13454290

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Sue Kelly For Congress

Mailing Address PO Box 599

City
Katonah

State
NY

Zip Code
10536

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sue W. Kelly

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 19

Transaction ID: 13454311

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Roy Blunt

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 7

Transaction ID: 13454310

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. F Allen Boyd

Office Sought:

☒

House

☐ Senate

☐ President

State: FL

District: 2

Disbursement For:

2006

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 13454309

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Leadership in the New Century (LINC PAC)

Mailing Address 818 Connecticut Avenue NW Ste. 110

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐

House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 13454313

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. David Vitter For Congress

Mailing Address P.O. Box 8175

City
Metairie

State
LA

Zip Code
70011

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. David Vitter

Office Sought:

☒

House

☐ Senate

☐ President

State: LA

District: 1

Disbursement For:

2010

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 13454315

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Lindsey Graham For Senate

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Lindsey O. Graham

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 1

Transaction ID: 13454316

Date of Disbursement

03 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Gwen Moore

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 4

Transaction ID: 13460269

Date of Disbursement

03 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street Southeas
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13454545

Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 1155 21st St., N.W.
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13485079

Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. A Lot Of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

Candidate Name
Sen. Jeff Bingaman

Office Sought: ☐ House
☒ Senate
☐ President

State: NM District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13454319

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name
Rep. Michael Thompson

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13454318

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

48500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Virginia Department of Taxation

Mailing Address P.O. Box 1500

City
Richmond

State
VA

Zip Code
23218-1500

Purpose of Disbursement

State Taxes

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 13454478

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

330.00

State Taxes

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 13911366

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

571.33

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

901.33

TOTAL This Period (last page this line number only)

901.33